COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete A. Signature . □ Agent item 4 if Restricted Delivery is desired. X Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Rinted Name, Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: ☐ No SEP 1 8 2012 JIM RUNQUIST TME ASPHALT RIDGE LLC 4526 RIDGEVIEW DR 3. Service Type **EAGAN MN 55123** ☐ Certified Mail ☐ Registered Return Receipt for Merchandise ☐ Insured Mail C.O.D. 50470036 4. Restricted Delivery? (Extra Fee) 9/11/2012 ☐ Yes 2. Article Number 0110 0001 3568 3742 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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STATE OF UTAH
DIVISION OF OIL GAS & MINING
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SALT LAKE CITY UT 84114-45801

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DIV. OF DIL, GAS & MINING

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City. State. 211

JIM RUNQUIST
TME ASPHALT RIDGE LLC
4526 RIDGEVIEW DR
EAGAN MN 55123